

Asbestos Course Notification Form AAC-5

Louisiana Department of Environmental Quality OES, Air Permits Division, Manufacturing Section P.O. Box 4313, Baton Rouge, LA 70821-4313 Phone (225) 219-0841 Fax (225) 219-3156

DEQ Use Only			
AI no.	Date		

Please note that the Department must receive all notifications 5 days before all courses and 3 days for Louisiana Regulations courses. Also, the Department must be notified of any changes or cancellations for the above course before the course is scheduled to begin. Please fill out sections I through VIII for initial course notification. For amendments, please fill out sections I through IX.

I.	Training Provider Information: (Please complete)				
	Company Name:		Phone Number:		
II.	Course Discipline Taught: (Che	eck appropriate box):			
	☐ Worker ☐ Contrac	tor/Supervisor	\square Inspector		
	☐ Management Planner ☐	Project Designer			
III.	Type of Class :	Refresher			
IV.	. Date(s) of Course: Start Date: End Date:				
v.	Time of Class:				
VI.	Language: English Spanish	☐ Other (specify)_			
VII.	VII. Class Location: Physical Address (Include Room and Bldg No): City: St:				
	If the Instructor plans to take the class to a temporary alternate site, please include the information below:				
	Date: Location:		Time:		
	Date: Location:		Time:		
	1		ed instructors for all initial courses.		
IX.	Amendments: Please complete th	e following if amend	ling a class:		
	Type of Change : Date	Instructor			
	☐ Time	☐ Cancellatio	on of Course		
	☐ Location	Other (plea	se specify)		
	From				
	FromFrom	To			